

**Instructions to Primary Owner and  
Application for Contract Approval for  
Provider of Proposition Player Services**

DGC-APP. 030 (Rev. 09/03)

**DEPARTMENT OF JUSTICE  
DIVISION OF GAMBLING CONTROL**

**INSTRUCTIONS TO PRIMARY OWNER**

The following forms and documentation must be submitted to the Division of Gambling Control (Division), as applicable, in conjunction with the submission of an application for approval of a contract for proposition player services. Any corrections, changes or other alterations must be initialed and dated by the applicant.

**Pursuant to Business and Professions Code section 19868, subd. (a), an official filing date will not be established until all required forms, documentation, and fees have been received by the Division.**

Forms/Documentation	Submitted
Completed Application for Contract Approval and Instructions to Primary Owner (DGC-APP. 030 [Rev. 09-03])	
Completed Appointment of Designated Agent (DGC-APP.031 [Rev. 09-03])	
Executed Copy of the Contract and/or Amendment	
Non-refundable \$500 Application Fee	
Investigation Deposit for Initial Contract Review - \$1,200	
Investigation Deposit for Amended Contract Review - \$500	
Investigation Deposit for Expedited Initial Contract Review - \$500	

In addition to the \$500 non-refundable application fee, the primary owner must submit a background investigation deposit as identified above that, in the judgment of the Director of the Division, will be adequate to pay the anticipated investigation and processing costs, in accordance with Business and Professions Code section 19867. The primary owner is responsible for all costs incurred by the Division while conducting the investigation. At the conclusion of the investigation, the primary owner/designee will receive an itemized accounting of all such costs. Monies received in excess of the actual costs incurred will be refunded to the applicant. A notice of contract approval will not be issued until all outstanding fees are received.

Make Checks Payable To: **Division of Gambling Control**

For regular mail delivery, address package to:

For Overnight/UPS delivery, address package to:

Division of Gambling Control  
Attn: Proposition Player Svcs Unit  
P.O. Box 168024  
Sacramento, CA 95816-8024

Division of Gambling Control  
Attn: Proposition Player Svcs Unit  
1425 River Park Drive, Suite 400  
Sacramento, CA 95815



California Department of Justice  
 Division of Gambling Control  
 Attn: Proposition Player Svcs Unit  
 P.O. Box 168024  
 Sacramento, CA 95816-8024  
 (916) 263-3408 / (916) 263-5572 facsimile

**UPS/EXPRESS DELIVERIES TO BE SENT TO:**  
**DIVISION OF GAMBLING CONTROL**  
**ATTN: PROPOSITION PLAYER SVCS UNIT**  
**1425 RIVER PARK DRIVE, SUITE 400**  
**SACRAMENTO, CA 95815**

**APPLICATION FOR CONTRACT APPROVAL FOR  
 PROVIDER OF PROPOSITION PLAYER SERVICES**

Instructions: Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A." If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes, or other alterations must be initialed and dated by the Owner of the Provider of Proposition Player Services (Provider).

**Attach additional sheet(s), if necessary.**

1. INDICATE THE TYPE OF REQUEST <i>(check one)</i>		
NEW CONTRACT: <input type="checkbox"/>	CONTRACT AMENDMENT: <input type="checkbox"/>	EXPEDITED CONTRACT: <input type="checkbox"/>
2. FULL NAME OF PRIMARY OWNER <i>(business entity or individual)</i>		3. TELEPHONE NUMBER (      )
4. MAILING ADDRESS <i>(street, city, state, zip code)</i>		
5. FAX NUMBER (      )	6. E-MAIL ADDRESS	7. WEBSITE ADDRESS
8. FULL NAME OF GAMBLING ESTABLISHMENT NAMED AS A PARTY TO THE CONTRACT		
9. ADDRESS OF GAMBLING ESTABLISHMENT <i>(physical location - street, city, state, zip code)</i>		
10. IDENTIFY THE LEGAL BUSINESS STRUCTURE OF THE PRIMARY OWNER <i>(check all that apply)</i>		
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Parent
<input type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Subsidiary <input type="checkbox"/> Other
11. LIST THE NAME AND ADDRESS <i>(physical location - street, city, state, zip code)</i> OF ANY OTHER GAMBLING ESTABLISHMENTS TO WHICH THIS PRIMARY OWNER PROVIDES PROPOSITION PLAYERS.		
<b>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</b>		

PRINTED NAME OF PRIMARY OWNER/DESIGNEE	SIGNATURE OF PRIMARY OWNER/DESIGNEE	DATE